

BEGINNING PROFESSIONAL PRACTICE OT

Reflective Report

The Model of Professional Thinking developed by Bannigan and Moores is a conceptual model of reflective practice that attempts to encompass the complex relationship between reflective practice and evidenced based practice and assists therapists to use these skills in developing informed clinical reasoning and in professional growth (Bannigan & Moores, 2009). It involves three theoretical stages in professional thinking. These stages include “What?” where the individual describes the event objectively; “So What?” where the individual critically analyses the event and draws on their current understanding and new evidenced based practice; and “Now What” where the individual gains affirmation of their practice or develops a new or different perspective or understanding that will reflect how they practice and implement their clinical judgement in the future (Bannigan & Moores, 2009). The model is encapsulated within the context of the Therapist and attempts to also consider outside factors that influence the reflective process. My practical education provided many unique experiences that encouraged a process of constant reflection. My role as an Occupational Therapist at a rehabilitation provider service involved working with injured workers to assist them to return to work and find suitable employment.

When an unsettling feeling eventuates from practice than the therapist needs to make time for reflection. As a result the first step of the model “What?” eventuates where the individual objectively reviews the event and identifies its key components, detailing what occurred without judgement or critical analysis (Bandura & Moores, 2009). One particular event that provoked unsettling feelings within me was during a case conference, where I was assisting an injured worker to return to work and was negotiating goals and aims of the program with the client and his treating doctor. As

a rehabilitation provider our primary goal was to return the client to his place of work and at the case conference to discuss the suitability of upgrading his Workcover medical certificate. During the case conference when we were discussing the client's current capacity to work and what kind of goals he wanted to set for therapy he broke down and cried. He advised to the doctor and me that his life had completely changed its course as a result of his back injury and that he had a recent family breakdown. He also noted that he was going to lose his lease at his current home and had no family in Australia that he could live with temporarily. He advised he had no idea of how he was going to look for employment when his whole life was turned upside down. It provoked an unsettling feeling that I had not expected to experience going into the case conference. I had never seen an individual so destroyed or void of their identity.

“So what,” the second stage of the Professional Thinking Model emerges as the therapist begins to critically analyse the event and considers both the negative and positive aspects of their experience and reflecting on what things went well and not so well (Bannigan & Moores, 2009). This step encourages the therapist to make sense of the situation and delve into what made their experience unsettling. (Gibbs, 1998) Entering the case conference I had not taken into account my clients emotional state and had thought that the only thing that would inhibit his capacity to work would be his physical limitations. The client was hysterical at one point during the meeting and I had not foreseen his circumstances. In reflection, entering the case conference I had been primarily focused on upgrading his medical certificate to suitable duties rather than focusing on the person himself. I was wrong in not addressing all the other factors and environmental influences on the client's work

capacity other than just concerning myself with his physical limitations and how we would overcome those physical barriers. However, following the negative aspects of the experience I was able to respond well to the situation. I was appropriately sympathetic to the client and was able to support him in a way that he trusted my judgement and sense of direction and was able to recover from his emotional state. I recommended to the Doctor that adjustment to condition or pain counselling program may be beneficial and also advised the client of several organisations that he could refer to for assistance with finding suitable accommodation and financial guidance. I was glad I was able to respond positively to the situation and provide him with the appropriate support he needed.

The second step of the Professional Thinking Model also involves searching for new sources of knowledge to help identify if there is a gap between existing knowledge and new evidence based practice (Bannigan & Moores, 2009). It is at this stage in the model that the therapist uses reflection and evidence based practice in combination to build on professional growth and knowledge. In reflection, the primary issue from my experience was not my response to the event but that I had not foreseen or considered other factors influencing his occupational performance in the information gathering and assessment stage of therapy. It is thus, in this stage of the model that I had to appreciate my own understanding in information gathering and newest evidenced based practice. In my own existing understanding I was aware of certain models that existed such as MOHO and COPM and although I understood them completely in theory I was not able to fully understand how to implement these into practice. In searching for new evidenced based practice I was aware that there was a gap in my knowledge and I needed to understand how to apply these

theoretical models into practice. What I found was highly beneficial to my understanding. The models allow for the therapist to create an explanation of the client's circumstances. When assessing the client and gathering information it is important to integrate data gathered with the concepts of the model. What results is a particular theory of the unique circumstances of the client that ultimately allows for informed clinical judgement that assists in goal making and choice of intervention (Mentrup, Niehaus, & Kielhofner, 1999). The final aspect of the second step of the Professional Thinking Model involves the therapist beginning to develop conclusions about their future practice based on their newfound understanding from the rest of the reflection process (Bannigan & Moores, 2009). I fully expect myself to incorporate these conceptual models of practice into my own practice and in information gathering I will certainly incorporate concepts from appropriate models to ensure I cover all aspects of the client's unique circumstances.

"Now what?" the third and final step within the professional thinking model emerges in the reflection process where the therapist draws firm conclusions about their future practice (Bannigan & Moores, 2009). Building on my knowledge and experiences from practice and then through reflection I will certainly view clients with a different shed of light and incorporate conceptual models of practice into my information gathering process. Furthermore, I will have the knowledge of how to do so; I will be able to apply theoretical conceptions of practice into my own analysis and decision making. I envision that this will ensure I cover all aspects of the client's unique circumstance and will assist me to more confidently use informed clinical judgement in assessment and choice of intervention.

Through effective reflection I was able to gain insight into my learning style and learning strategies while on placement. I completed the Honey & Mumford Learning Style Questionnaire (LSQ) at the beginning of my placement to highlight learning strategies which I may find successful and not so successful. I was assessed as being a reflector; someone who prefers to keep a low profile, listens and observes materials from multiple perspectives before making conclusions and reflects upon experiences and information gathered (Mountford, Jones, & Tucker, 2006). I found this to be highly useful to my professional growth and allowed me to implement learning strategies that were tailored towards my style of learning. I found that reflecting on my experiences and analysing them in terms of how I could do better and affirm what I done well to be very beneficial as a learning strategy for me. This allowed for me to always improve my skills and understanding and gain insight into my past experiences. As a reflector, I also found that I learnt best when I approached problem solving through observing multiple perspectives, reports and sources of knowledge before I came to conclusive decisions. I found that when I was asked for spontaneous decision making I was not as successful and found it harder to learn from my successful decisions and mistakes I had made because I couldn't fully develop an informed decision in the first place. At the beginning of my placement I had not fully appreciated models of practice but in reflection and as I improved my understanding of my own learning style I was able to apply these models to practice and conceptualise my decisions and observations around these. I envision that as I continue to develop my competency as an Occupational Therapist and to improve my understanding of my own learning style and effective learning strategies I should be more able to effectively implement informed clinical judgement.

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Reference:

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